

School District's Name
Special Education Services
Assistive Technology Team
UAAACT
Communication Pre-Assessment Packet

Date: _____

Student: _____

Completed By: _____

Concerns regarding student's communication skills:

Student's present means of communication

(Check all that are used, then **circle** the primary method the student uses.)

- | | |
|---|---|
| <input type="checkbox"/> Gestures | <input type="checkbox"/> Changes in body position |
| <input type="checkbox"/> Visually Tracks | <input type="checkbox"/> Facial expressions |
| <input type="checkbox"/> Inappropriate behavior (tantrums, hitting, etc.) | <input type="checkbox"/> Pointing |
| <input type="checkbox"/> Sign language approximations | <input type="checkbox"/> Sign language (# signs _____,) |
| <input type="checkbox"/> Vocalizations, list examples _____ | |

☐ Vowels, vowel combinations, list: _____

☐ Single word, list examples: _____

☐ 2-word utterances ☐ 3-word utterances ☐ Semi intelligible speech, estimate % intelligible: _____

Equipment/communication systems in use

- ☐ Switches _____
- ☐ Communication board/s # of symbols per board _____ # of boards used _____
- ☐ Picture Exchange Program (PECS) using _____ # of pictures
- ☐ Eye-gaze board
- ☐ Communication Device (list): _____
- ☐ Computer system (list) _____
- ☐ Other _____

Who understands student's communication attempts

(Check best descriptor)

	Most of the time	Part of the time	Rarely	Not Applicable
Teachers/therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communication interaction skills

Exhibits desire to communicate: ☐ Yes ☐ No

To indicate "yes" and "no", the student: (Check all that apply)

- ☐ Shakes head ☐ Signs ☐ Vocalizes ☐ Gestures ☐ Eye gazes
☐ Points to board ☐ Uses word approximations ☐ Does not respond consistently

Can a person unfamiliar with the student understand the response? ☐ Yes ☐ No

	Always	Frequently	Occasionally	Seldom	Never
Turns toward speaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non verbally/verbally interacts with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aware of listener's attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds to communication interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pre-reading and reading skills related to communication

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Object/picture recognition |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Symbol recognition (tactile, Mayer-Johnson, etc.) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Auditory discrimination of sounds |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Auditory discrimination of words |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Selects initial letter of word |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Follows simple directions |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sight word recognition |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Can put two symbols or words together to express an idea |

Visual abilities related to communication

(Check all that apply)

- ☐ Can maintain fixation on stationary object ☐ Looks left and right without moving head
☐ Can scan line of symbols left to right ☐ Can scan matrix of symbols in a grid

- ☐ Visually recognizes people
- ☐ Visually recognizes photographs
- ☐ Can visually shift vertically

- ☐ Visually recognizes common objects
- ☐ Can visually shift horizontally
- ☐ Can recognize line drawings

Child's needs related to devices/systems

(Check all that apply)

- ☐ Child walks
- ☐ Child uses wheelchair
- ☐ Child can carry device under 2 pounds
- ☐ Child drops or throws things frequently
- ☐ Child needs digitized (human) speech
- ☐ Child needs device w/large number of words or phrases
- ☐ Other: _____

Beginning communication skills

(Check all that apply)

- ☐ Little or no interest in making choices
- ☐ Makes random choices with no preferences
- ☐ Indicates preference when given:
- ☐ two choice
- ☐ more than two choices

Behavior/emotional problems that affect communication

Described:

- ☐ Impulsive
- ☐ Difficulty with transitions
- ☐ Inappropriate vocalizations
- ☐ Echolalia
- ☐ Unresponsive, unwilling to communicate.
- ☐ Tantrums/Aggressive Behavior
- ☐ Describe: _____

- ☐ Resorts to inappropriate and/or aggressive behavior when communication attempts fail. Describe:

- ☐ Other problems which affect this student's ability to communicate effectively:
